

# Intratympanic Steroid Therapy

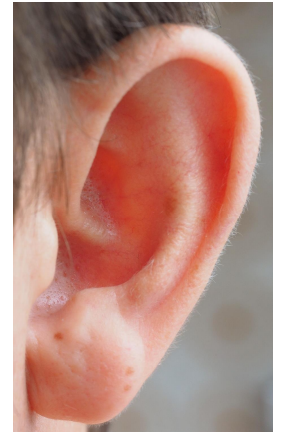
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## What is it used for?

This is a therapy for Ménière's disease, but it has also been used for individuals with sudden hearing loss and autoimmune inner ear disease.

## How does it work?

The exact mode of action is unknown and many theories have been considered. Steroids have an anti-inflammatory action, so it is thought that steroids 'calm-down' any disease activity within the inner ear. Tablet steroids have been used for a variety of ear conditions, but to adequately enter the inner ear at a high concentration, high doses are required. Systemic steroids (tablet steroids and steroids administered via an injection into a vein) can cause side effects; especially when provided at high doses. By injecting the steroids into the ear directly, a high dose can be provided exactly where it is needed, without the potential side effects when provided systemically.



## Does it work?

There is a lot of published material available in the medical literature to support the use of intratympanic steroids, particularly for individuals with Ménière's disease. However, most of this evidence does not compare the use of the steroid against a placebo (inactive drug). The use of intratympanic steroids is gaining popularity, and as such further research in this area is currently underway.

## How is it applied?

This treatment is typically applied under a local anaesthetic. A medicated cream is placed in the ear canal to make the ear 'numb'. The cream is then removed, and a fine needle is carefully placed through the ear drum. The steroid medication is then gently injected into the middle ear, where it sits for a while before being absorbed into the inner ear. This is not a painful procedure, although some patients find it a little uncomfortable. Sometimes the steroid can be injected through a grommet, or onto a special sponge that sits within the middle ear. Often, the patient is required to remain in a flat position for 20 to 30 minutes, to let the steroid medication take maximal effect. Occasionally, patients can feel a little bit disorientated after the procedure, but the procedure is well tolerated. Some treatment regimens involve repeated injections over a number of weeks. It is generally recommended that patients do not drive themselves home after an intratympanic injection.

## References

- i. Farhood Z, Lambert PR. The physiologic role of corticosteroids in Ménière's disease. *Am J Otolaryngol.* 2016;37(5):455-8
- ii. Phillips JS, Westerberg B. Intratympanic steroids for Ménière's disease or syndrome. *Cochrane Database Syst Rev.* 2011;(7):CD008514



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## About the Author



John Phillips is a consultant ENT surgeon working at the Norfolk and Norwich University Hospitals NHS Foundation Trust. John trained at St. Bartholomew's Hospital, London; and was awarded a degree in Neuroscience at University College London. John took up his consultant position in Norwich after completing a fellowship in Otolaryngology and Neurotology at St. Paul's Hospital in Vancouver, Canada.

John has a particular interest in patients with dizziness and tinnitus, and these two conditions are the focus of much of his research. John is a member of the Barany society; this is the premier international society on dizziness and balance. John is a medical advisor to the British Tinnitus Association, and is currently the vice-chairman of their professional advisory committee. John has been a member of the ENT-UK (British Association of Otorhinolaryngology - Head and Neck Surgery) Clinical Audit and Practice Advisory Group (CAPAG) and has been recently elected to the council of the British Society of Otolaryngology.

Ménière's disease is a condition that has always fascinated John; as such he has dedicated much of his professional career to managing patients with Ménière's disease, and engaging in research to benefit our understanding of this condition.

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